



REQUEST FOR MEMBER DATA CHANGE

State Form 43567 (R4 / 1-02)
Approved by the State Board of Accounts 2002

Indiana State Teachers' Retirement Fund
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Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Home Page: <http://www.in.gov/trf>

PRIVACY NOTICE

Your Social Security number is being requested by the Fund pursuant to Internal Revenue Service Code 3405. Disclosure of this information is mandatory. This form cannot be processed without it.

INSTRUCTIONS TO MEMBERS

Use this form to make an address change, a name change, designate a change in beneficiaries, or any combination of the above. **If you are changing your name, you must have your signature witnessed by a Notary Public.** If multiple beneficiaries are listed, please be sure to designate "Primary" or "Secondary" for each listed.

MEMBER IDENTIFICATION

Name of member (First, Middle Initial, Last)		Social Security Number	TRF Number	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Home telephone number () -	Work telephone number () -	Date of Birth (Month, Day, Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

CHANGE OF ADDRESS

Old Address (Number and Street)			New Address (Number and Street)		
City	State	ZIP Code	City	State	ZIP Code

CHANGE OF BENEFICIARY

NOTE: A "Primary" beneficiary will receive all benefits due at a member's death. Multiple surviving "Primary" beneficiaries will take in equal shares. A "Secondary" beneficiary will receive all benefits due at a member's death only if all of the designated "Primary" beneficiaries predecease the member. Multiple "Secondary" beneficiaries will take in equal shares. If a member names a beneficiary, the witness **must** sign this form.

THE INFORMATION LISTED BELOW **REPLACES ALL** INFORMATION LISTED ON PREVIOUS FORMS. **IT WILL NOT EDIT OR ADD TO PREVIOUS INFORMATION.**

DESIGNATION	SOCIAL SECURITY NUMBER	NAME OF BENEFICIARY (First, Middle Initial, Last)	DATE OF BIRTH	RELATIONSHIP
1. <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY				
2. <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY				
3. <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY				
4. <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY				
5. <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY				
6. <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY				
7. <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY				
8. <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY				

MEMBER ATTESTS THAT ALL CHANGES ARE TRUE TO THE BEST OF HIS / HER KNOWLEDGE

Member must sign here	Date Signed (Month, Day, Year)
Witness must sign here (any person other than an above named beneficiary)	Date Signed (Month, Day, Year)

NAME CHANGE AFFIDAVIT

Old Name (Please print or type)	New Name (Please print or type)
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I, the undersigned, hereby affirm that there is no fraudulent intent in the decision to change my name. It is my wish that from this day forward, my retirement account at the Indiana State Teachers' Retirement Fund be maintained under the new name as listed above:

Signature for member (For name change, member must sign here.)	Date of signature (Month, Day, Year)
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NOTARY CERTIFICATE (FOR NAME CHANGE ONLY)

STATE OF _____ } COUNTY OF _____ }	SS: _____	
This voluntary act sworn to before me, a Notary Public, in and for said State and County, this _____ day of _____, 20 _____.		
Signature of Notary Public	Printed Name of Notary Public	Date commission expires